SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 107 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to	
Massachusetts Mutual Life Insurand	ce Company Political Action Committee	
Full Name (Last, First, Middle Initial) WILLIAM E. THOMPSON, II		Date of Receipt
Mailing Address 2124 HIGHLAND R		08 / 04 / 2011
City PHOENIX	State Zip Code MD 21131-1218	Transaction ID: 41494206
FEC ID number of contributing federal political committee.	MD 21131-1218	Amount of Each Receipt this Period  1000.00
Name of Employer SELF	Occupation GENERAL INSURANCE AGENT	7
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial) JOHN C. SKOOG		Date of Receipt
Mailing Address 7956 BOWMAN AV	E	M M / D D / Y Y Y Y Y A D D A D A D A D D A D D A D D A D
City	State Zip Code	Transaction ID: 41494207
INVER GROVE	MN 55076-2903	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer SELF	Occupation INSURANCE AGENT	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) MICHAEL B. KASHAR		Date of Receipt
Mailing Address 3 GREENWAY PLZ STE 1		0 8 1 5 2 0 1 1
City	State Zip Code	Transaction ID: 41621991
HOUSTON	TX 77046-0395	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer SELF	Occupation INSURANCE AGENT	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
	l)	1600.00